

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 2-13-02.
 - b. The request was received on 8-5-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 8-27-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 8-28-02. The response from the insurance carrier was received in the Division on 9-3-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Letter Requesting Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement noted in the dispute packet.
2. Respondent: Letter dated 9-3-02:

"We have received the medical dispute filed by (Requestor) for date of service 2/13/02. The bill and documentation attached to the dispute have been carefully re-reviewed. (Carrier's) position remains the same."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 2-13-02.
2. The carrier denied the billed services as indicated on the EOB as, "N – X129 – PROCEDURE NOT DOCUMENTED IN OPERATIVE REPORT."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR\$	REFERENCE	RATIONALE:
2-13-02	23412	\$1,700.00	\$-0-	N	\$1,537.00	MFG: Surgery Ground Rules (I) (D); CPT Descriptor	<p>The Carrier has denied the disputed service as "N".</p> <p>Operative report dated 2-13-02 supports that the rotator cuff was repaired with electrothermal techniques.</p> <p>CPT Code 23412 is defined as "Repair of ruptured musculotendinous cuff (eg, rotator cuff); chronic". Documentation supports that the service was performed. The technique utilized by the physician is not in dispute, only that the service billed was performed. The CPT descriptor does not specify what technique the physician must use during the surgery.</p> <p>EOBs support that the subsequent procedure codes were reimbursed pursuant to the multiple procedure rule. However, the carrier failed to reimburse CPT Code 23412 at 50% of its MAR value.</p> <p>Therefore, reimbursement is recommended pursuant to the multiple procedure rule in the amount of \$768.50.</p>
Totals		\$1,700.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$768.50 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$768.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 9th day of January 2003.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll